

Home and Community Based Waivers

Division of Health Care Financing - Division of Disability & Elder Services
Medicaid Services to Seniors - February 9, 2005

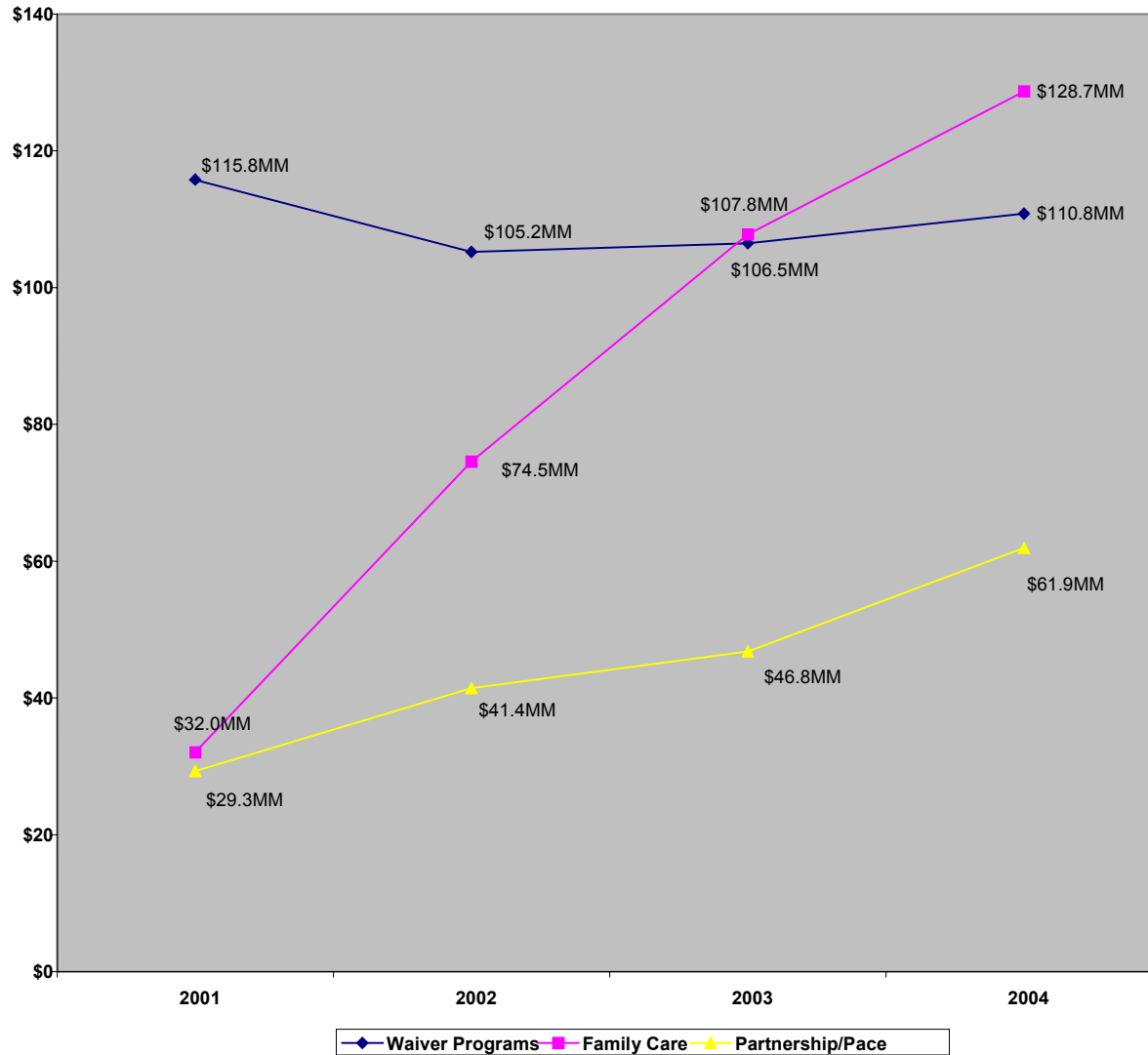


Waivers

- Community Options Program Waiver (COP W)
 - Community Integration II Waiver (CIP 2)
 - Community Options Program - Regular (COP R)
- Family Care
- Partnership and Pace



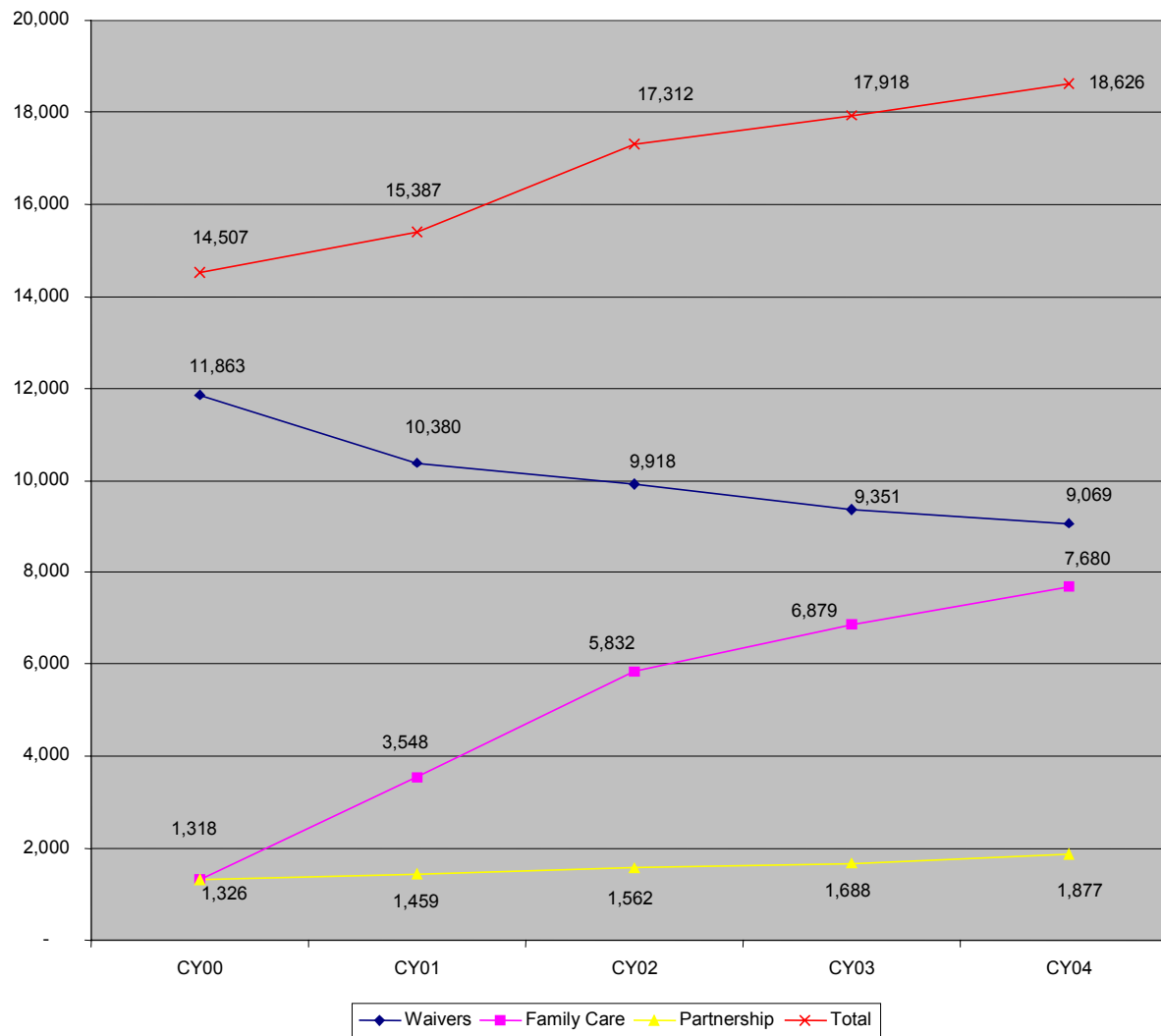
Elderly Community Based Long-Term Care Costs (in millions) SFY 2001-2004



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65+ Enrollment During Calendar Year



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Home and Community-Based Waivers

- Refers to “waiving” certain federal Medicaid rules to allow funding for long-term care in the community.
- Waiver enables use of federal Medicaid funding for non-medical services that enable frail elders to live at home.
- States have to apply to CMS and receive CMS approval.
- Waivers must be renewed every 5 years but can be amended when needed.
- CMS conducts quality reviews on-site every 3 years.



Home and Community-Based Waivers

- States are required to report performance to CMS annually.
- Waivers must be disability-specific. CMS does not allow states to combine certain disability groups in one waiver so Wisconsin has several HCB waivers.
- Wisconsin has been in the national forefront in taking advantage of waiver opportunities.
- Wisconsin has a commitment to providing options for community living.



Waiver Cost-Effectiveness

- Federal law requires Medicaid costs under a waiver to be no more than Medicaid costs for nursing home care.
- Data from the 2003 federal report shows:
 - Average annual costs per COP-W participant:
 - \$13,713 Waiver Service Costs
 - \$11,994 Medicaid Card Services Costs
 - \$1,000 COP, GPR-Only Costs
 - \$26,707 Total
 - Community-based long-term care costs are less than nursing home care by an average of \$37 per day.



Eligibility for COP-W and CIP 2 Waivers

- Financial:
 - Medicaid Eligibility
 - Determined by county economic support workers
- Functional:
 - Eligible for nursing home care
 - Determined by county human services care managers using a statewide screening tool
 - The computerized tool determines eligibility electronically, fostering statewide consistency.



Community Options Program Waiver (COP-W)

- Began in 1987 to serve people who are **elderly** or have a **physical disability**.
- Enabled Wisconsin to expand the Community Options Program, begun in 1982.
- Provides federal matching funds for state COP dollars (around 58% federal, 42% state)
- The Legislature appropriates GPR for COP-W.
- Funding is allocated to counties based on formula or as directed by the Legislature, i.e., for wait lists.



Community Options Program Waiver (COP-W)

- Community Integration Program II (CIP 2) is part of the federal COP Waiver, but:
 - The state share is budgeted in Medicaid
 - Funding is related to closed nursing home beds.
- Community Options Program (GPR only) is a helpful addition to waiver funding to provide:
 - Services not allowed under the waiver,
 - Matching funds to capture more federal funds,
 - Assessments and care plans, and
 - To pay for services to 350 elders eligible for long-term care but not waiver funding.



Waiver Administration

State

- Sets policy and standards
- Manages fiscal, budget and reporting
- Contracts with counties for waiver administration
- Provides guidance and technical assistance
- Oversees quality assurance
- Ensures compliance with federal and state requirements



Waiver Administration

County Human Service Agencies

- Determine eligibility
- Provide care management
- Manage fiscal resources
- Contract and pay for services
- Ensure consumer health, safety and satisfaction
- Manage wait lists



Waiver Quality Assurance

- Health, safety and welfare are paramount
- CMS requirements for quality are a condition of waiver approval.
- DHFS expectations are spelled out in the contract with counties.
- DHFS monitors county performance.
- DHFS provides training and technical assistance.



Waiver Services Provided

- Care Management of waiver services - A county social worker or nurse:
 - Assesses a person's needs
 - Identifies cost-effective service options
 - Develops an individualized service plan
 - Arranges for paid and unpaid help
 - May arrange for Medicaid card services
 - Monitors the quality of services provided
 - Monitors consumer's health, safety and well-being



Waiver Services Provided

- An elder is helped with:
 - Bathing, dressing, mobility, toileting and eating
 - Household tasks, cooking and cleaning
- Some waiver participants may also receive long-term care card services through Medicaid, such as home health care, personal care and medical equipment and supplies.

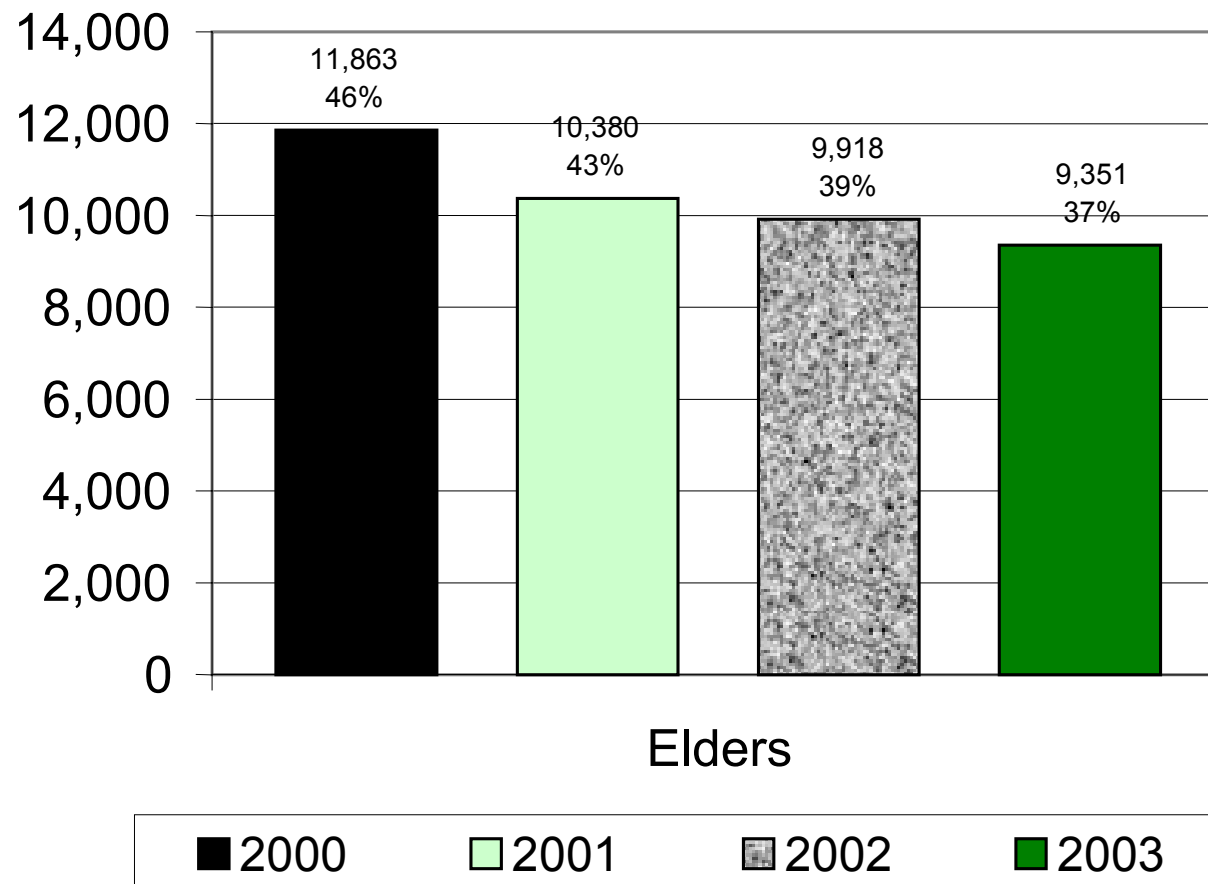


Services Paid for by COP Waiver

- Care Management
- Supportive Home Care/Personal Care
- Adult Family Home
- Residential Care Apartment Complex
- Community Based Residential Facility
- Respite Care
- Adult Day Care
- Day Services
- Daily Living Skills Training
- Counseling and Therapies
- Skilled Nursing
- Transportation
- Personal Emergency Response System
- Adaptive Equipment
- Community Aids
- Housing Start-up
- Vocational Futures Planning
- Medical Supplies
- Home Modifications
- Home Delivered Meals



Participants Served



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Waiver Participant Profile

Elders Served in 2003

<u>Aged</u>	<u>Number</u>	<u>Percent</u>
65 - 75	2,839	30%
75 - 84	3,540	38%
85+	<u>2,973</u>	32%
Total	9,352	



Waiver Participant Profile

Where They Live

	<u>Number</u>	<u>Percent</u>
Own home or apartment	7,011	75%
Assisted Living	2,175	23%
- CBRF (1,572)		
- AFH (458)		
- RCAC (145)		
Other	<u>166</u>	2%
Total	9,352	



Relocations

- Some elders in nursing homes choose community care if given that option.
- In 2003, 208 elders who were living in nursing homes were able to access waiver funding and relocate.
 - 21 were over 90 years old
- In 2004, 153 elders were relocated. Less funding was available.





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Waiting Lists

- To be placed on the wait list for waiver funding, counties must do a preliminary determination of:
 - functional eligibility, i.e., need care comparable to nursing home care, and
 - financial eligibility, i.e., Medicaid.
- Therefore, elders have to spend most of their personal savings on their care before being eligible to be put on the wait list.



Waiting Lists

- At the end of 2004, there were 3,389 elders waiting for home care waiver services.

Age of Elders Waiting

<u>65-89</u>	<u>90-94</u>	<u>95-99</u>	<u>100+</u>	<u>Total</u>
2,793	467	112	17	3,389

- Of these elders on waiting lists:
 - 9% (316) are in nursing homes.
 - 18% (596) are receiving some Medicaid or other public funding.

